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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 53 Valley 0926 Glasgow K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage Per Mile Capacity Inspection 100 1-A 53-1-12 87.6 1.57 72 12/28/04 100 1-A 53-1-14 46 0.95 18 12/28/04 100 53-1-16 9 0.95 12/28/04 1-A 12 100 1-A 53-1-17 1.57 72 12/28/04 116 100 1-A 53-1-2 68.2 0.95 48 12/28/04 100 1-A 53-1-4 96 1.15 54 12/28/04 1-A 100 53-1-5 84 1.15 54 12/28/04 100 53-1-6 50.5 1.57 72 12/28/04 1-A

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County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	rebruary 1 to County Superintendent					Second May 10 to County May 24 to State St	-	t
COMPLE	I APLETE THIS CLAIM FOR STATE REIMBURSEMENT FO					BUS TRANSPORT	ATION:	
This claim	m is for the period beginning				and ending		, 20	
		month day					day	
CERTIFI	CATION:							
The information on this form is complete and accurate to the best of my knowledge.								
Date	Signature, Chair, Board of Trustees							

53 Valley 0927 Frazer Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 2 1 50 54.3 0.95 24 12/29/04

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			Hele	na, MT	Г 59620-25	9620-2501 School Bus Transportation							County						
DUE DATES:		Febr	ruary 1 ruary 1	to Cou 5 to Sta	emester nty Superin te Superint	endent	NT FOR	Second Semester May 10 to County Superintendent May 24 to State Superintendent OR SCHOOL BUS TRANSPORTATION:						May 10 to County Superinten May 24 to State Superintende					
					IL KEIVII					NSPUK									
This claim	is for the	period l	eginning	,			, 20	and endi	ng		,	20							
				r	nonth	day			m	onth	da	ay							
CERTIFI	CATION	N:																	
The inforr	mation on t	this forn	n is comp	lete and	accurate to th	e best of my k	nowledge.												
Date				Signatur	re, Chair, Boar	d of Trustees													
County:				District:							District Le	vel:							
53 Valley	y			0928	Frazer H	IS					High S	chool							
Dorgantaga	District		Route #		Miles Por Dov	Rate	Days Bus Driver'												

24

12/29/04

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				t
COMPL	ETE THI	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHOO	OL BUS TRA	NSPORTATION	:	
This clain	n is for the	period beginning			,	20	and ending	2		, 20	
			r	nonth	day]1		lay	
CERTIF	ICATION	N:									
		this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						District L	evel:	
53 Valley 0932 Hinsdale Elem Elementary											
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	s	Bus Driver's ocial Security #
50	7A	1		144	1.15	53		None			
50	7A	2		141	1.57	72		None			
50	7A	3		142.8	0.95	42		01/20/05			
50	7A	4		123.4	1.15	53		01/20/05			
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1	First Semester to County Superin to State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION		
This claim is for the period beginning, 20 and ending, 20 month day month day									
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and accurate to th	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees									
County:			District:				District Le	evel:	
53 Valley 0933 Hinsdale H S High School							chool		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	7C	1	144	1.15	53	None			
50	7C	2	141	1.57	72	None			
50	7C	3	142.8	0.95	42	01/20/05			
50	7C	4	123.4	1.15	53	01/20/05			

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Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 53 Valley 0935 Opheim K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage Inspection 100 9D 53-9-1-100.4 100.4 0.95 42 01/20/05 100 9D 53-9-3-95 95 0.95 42 01/20/05 100 9D 53-9-4-103.4 103.4 0.95 01/20/05 36 100 9D 0.95 53-9-7-103.2 88 36 01/20/05

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 15	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE THI	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning			,	20 and	ending	, 2	20	
			1	month	day		1	month da	y	
CERTIFI	ICATION	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kno	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County:			District:	:				District Lev	/el:	
53 Valle	y		0937	Nashua l	K-12 Schoo	ols		High So	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	13E	53-13-1-10)9	88	1.36	60	12/29/04			
100	13E	53-13-1-10	9A	65	1.36	60	12/29/04			
100	13E	53-13-2-8	5	65	1.57	72	12/29/04			
100	13E	53-13-2-85	δA	88	1.57	72	12/29/04			
100	13E	53-13-3-12	24	126	0.95	42	12/29/04			

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DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning, 20a					20 and	and ending, 20				
			month	day		1	month da	ny		
CERTIFI	ICATION	N:								
The infor	mation on t	his form is compl	ete and accurate to t	he best of my kn	owledge.					
Date Signature, Chair, Board of Trustees										
County:	ounty: District:					District Level:				
53 Valley 0941 Lustre Elem				Elementary						
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	23	53-23-1-15	0 138	0.95	30	01/21/05				
100	23	53-23-2-10	0 100	0.95	20	01/21/05				
100	23	53-23-3-10	8 108	0.95	40	01/21/05				
				•		•				